AMENDMENTS TO THE SPECIFICATION

Please amend ¶¶[0027] and [0029] as follows:

[0027] FIGS. 7-11 illustrate an exemplary embodiment of a cannulated driver 200 used to install the fully-threaded suture anchor 100 of the present invention. As illustrated in FIGS. 7-11, the driver 200 is cannulated on the side and has a head 201 and a shaft 203, the head 201 of the driver being configured to be received within anchor socket 10 of the fully-threaded suture anchor 100 of FIGS. 1-6. Protuberances 231, 233 (FIGS. 8, 9 and 11) are provided on the driver head 201 to engage the slots 59, 60 of anchor socket 10. The anchor 100 and driver 200 are provided to the surgeon as a preformed assembly with [[the]] a second (knot tying) suture 300 pre-threaded through loop 20 (FIG. 6) and extending through the side cannulation of the driver. The side cannulation (shown as a cannulation on the bottom in FIG. 11) allows the second (knot-tying) suture 300 (which is received in the cannulation) to be provided with large needles on the end, which would not be possible if the driver had a central (fully closed) cannulation.

[0029] A surgical method employing a fully-threaded suture anchor, such as the fully-threaded suture anchor 100 of FIGS. 1-6, generally includes pre-forming a hole for insertion of the anchor using a punch and a tap. The anchor is then engaged with a cannulated driver, such as driver 200 of FIGS. 7-11, inserted into the pilot hole and turned to advance the suture anchor into the bone. The driver is then removed, and the second suture 300 extending through the internal suture loop 20 can then be manipulated and tied to secure soft tissue to bone.